

03500.014250.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YUKINORI YAMAMOTO

Application No.: 09/501,590

Filed: February 10, 2000

For: DECODING APPARATUS AND
METHOD, AND STORAGE
MEDIUM STORING DECODING
PROCESSING PROGRAM
OF THE SAME

Examiner: Shawn S. An

Group Art Unit: 2613

February 4, 2003

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FEB 11 2003

Technology Center 2600

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action dated November 4, 2002, Applicant respectfully requests that the above-identified application be amended as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on

February 4, 2003

(Date of Deposit)

Joseph W. Ragusa Reg. No. 38,586

(Name of Attorney for Applicant)

February 4, 2003

Date of Signature

Signature

2613



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For: DECODING APPARATUS AND
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MEDIUM STORING DECODING
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Docket No. 03500.014250

Examiner: Sheryl S. An

Group Art Unit: 2613

Date: February 4, 2003

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
Facsimile: (212) 218-2200

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